

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

FILED

NOV 15 2019

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Carlos Mickens

(Name of the plaintiff or plaintiffs)

v.

Chicago Transit Authority

(Name of the defendant or defendants)

1:19-cv-07547

Judge Sharon Johnson Coleman
Magistrate Judge Sunil R. Harjani

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.

2. The plaintiff is Carlos Mickens of the
county of COOK in the state of ILLINOIS.

3. The defendant is Chicago Transit Authority, whose
street address is 567 West Lake Street 6th Floor,
(city) Chicago (county) COOK (state) ILLINOIS (ZIP) 60661
(Defendant's telephone number) (312) - 681 - 2929

4. The plaintiff sought employment or was employed by the defendant at (street address)

CTA 3927 West Maypole (city) Chicago
(county) COOK (state) ILLINOIS (ZIP code) 60624

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☐ was hired and is still employed by the defendant.
- (c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,

(month) May, (day) 24th, (year) 2018.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

(a) The defendant is not a federal governmental agency, and the plaintiff [*check*

one box] ☐ *has not* filed a charge or charges against the defendant
☒ *has*

asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

(i) ☒ the United States Equal Employment Opportunity Commission, on or about
 (month) 7 (day) 10 (year) 2018.

(ii) ☒ the Illinois Department of Human Rights, on or about
 (month) 11 (day) 8 (year) 2018.

(b) If charges *were* filed with an agency indicated above, a copy of the charge is

attached. ☒ YES. ☐ NO, but plaintiff will file a copy of the charge within 14 days.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

(a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

☐ Yes (month)_____ (day)_____ (year) _____

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month)_____ (day) _____ (year) _____.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☐ the United States Equal Employment Opportunity Commission has not issued a *Notice of Right to Sue*.

(b) ☒ the United States Equal Employment Opportunity Commission has issued a *Notice of Right to Sue*, which was received by the plaintiff on (month) Aug (day) 27 (year) 2019 a copy of which *Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only those that apply**]:

(a) ☐ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant [*check only those that apply*]
- (a) ☐ failed to hire the plaintiff.
- (b) ☒ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☐ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ failed to stop harassment;
- (g) ☒ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
- (h) ☐ other (specify): _____
-

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

13. The facts supporting the plaintiff's claim of discrimination are as follows:

My (FMLA) documents were faxed by my doctors office and approved for FMLA. All documents must be faxed directly from doctors office.

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff
[check only those that apply]

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☒ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- (f) ☒ Direct the defendant to (specify): Honor (FMLA) law and

documents faxed by my doctors office.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

(g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☐ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

Carlos J. Mickens

(Plaintiff's name)

Carlos J. Mickens

(Plaintiff's street address)

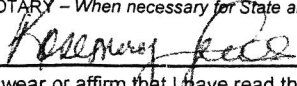

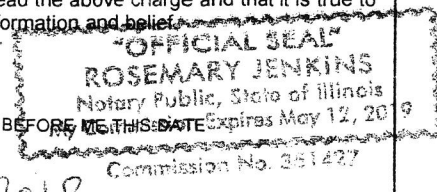
10529 South Eberhart Ave.

(City) Chicago (State) IL (ZIP) 60628

(Plaintiff's telephone number) (773) - 584-7869

Date: 11-11-2019

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Illinois Department of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Mr. Carlos Mickens		Home Phone (Incl. Area Code) 773-584-7869	Date of Birth 10/20/1965
Street Address 10529 S Eberhart Ave., Chicago, IL 60628		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Chicago Transit Authority (CTA)		No. Employees, Members 500+	Phone No. (Include Area Code) 888-968-7282
Street Address 567 W Lake St., Chicago, IL 60661		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		Earliest Latest 03/06/2018 05/24/2018 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>Statement of Harm: I was retaliated against for my use of protected medical leave. I notified CTA that I needed to use my protected medical leave and was subsequently granted use. Shortly thereafter, I was terminated based on false accusations that I misused time. However, on the dates in questions, I was utilizing my protected medical leave. As such, it appears the Transit Authority retaliated against me for my use of protected medical leave.</p> <p>Statement of Discrimination: I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act (ADA).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE Expires May 12, 2019 (month, day, year) October 2, 2018 	



U.S. Department of Justice
Civil Rights Division

NOTICE OF RIGHT TO SUE WITHIN 90 DAYS

CERTIFIED MAIL

7018 1830 0000 1246 9459

950 Pennsylvania Avenue, N.W.
Karen Ferguson, EMP, PHB, Room 4701
Washington, DC 20530

August 23, 2019

Mr. Carlos Mickens
c/o Gary Martoccio, Esquire
Spielberger Law Group
4890 W. Kennedy Blvd.
Suite 950
Tampa, FL 33609

Re: EEOC Charge Against Chicago Transit Authority
No. 440201900107

Dear Mr. Mickens:

Because you filed the above charge with the Equal Employment Opportunity Commission, and more than 180 days have elapsed since the date the Commission assumed jurisdiction over the charge, and no suit based thereon has been filed by this Department, and because you through your attorney have specifically requested this Notice, you are hereby notified that you have the right to institute a civil action against the above-named respondent under: Title I of the Americans with Disabilities Act of 1990, 42 U.S.C. 12111, et seq., and, Title V, Section 503 of the Act, 42 U.S.C. 12203.

If you choose to commence a civil action, such suit must be filed in the appropriate Court within 90 days of your receipt of this Notice.

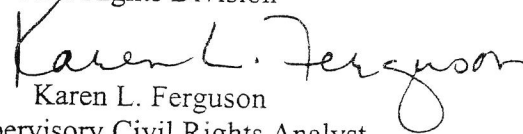
The investigative file pertaining to your case is located in the EEOC Chicago District Office, Chicago, IL.

This Notice should not be taken to mean that the Department of Justice has made a judgment as to whether or not your case is meritorious.

Sincerely,

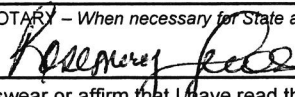

Eric S. Dreiband
Assistant Attorney General
Civil Rights Division

by


Karen L. Ferguson
Supervisory Civil Rights Analyst
Employment Litigation Section

cc: Chicago District Office, EEOC
Chicago Transit Authority

EEOC Form 5 (11/09)

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Illinois Department of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Mr. Carlos Mickens		Home Phone (Incl. Area Code) 773-584-7869	Date of Birth 10/20/1965
Street Address City, State and ZIP Code 10529 S Eberhart Ave., Chicago, IL 60628			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Chicago Transit Authority (CTA)		No. Employees, Members 500+	Phone No. (Include Area Code) 888-968-7282
Street Address City, State and ZIP Code 567 W Lake St., Chicago, IL 60661			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		Earliest Latest 03/06/2018 05/24/2018 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>Statement of Harm: I was retaliated against for my use of protected medical leave. I notified CTA that I needed to use my protected medical leave and was subsequently granted use. Shortly thereafter, I was terminated based on false accusations that I misused time. However, on the dates in questions, I was utilizing my protected medical leave. As such, it appears the Transit Authority retaliated against me for my use of protected medical leave.</p> <p>Statement of Discrimination: I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act (ADA).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 2018. (month, day, year) October 2, 2018	
Date 10-02-2018		"OFFICIAL SEAL" ROSEMARY JENKINS Notary Public, State of Illinois My Commission Expires May 12, 2019 Commission No. 351427	

ILLINOIS DEPARTMENT OF
Human Rights

Bruce Rauner, Governor
Janice Glenn, Director

November 8, 2018

Mr. Carlos Mickens
10529 S Eberhart Avenue
Chicago, IL 60628

EEOC # 440-2019-00107

Re: Carlos Mickens vs. Chicago Transit Authority (CTA) #191108004

Dear Complainant:

You are receiving this letter because you filed a charge with the United States Equal Employment Opportunity Commission (EEOC). The EEOC and the Illinois Department of Human Rights (Department) are parties to a cooperative agreement. Under this agreement, when you filed your charge of discrimination with the EEOC, a copy of the charge was automatically filed with the Department. The Department is keeping a copy of your EEOC charge on file to preserve jurisdiction under Illinois law.

Since you filed your discrimination charge initially with the EEOC, the EEOC is the governmental agency responsible for investigating the charge and the investigation will be conducted pursuant to the rules and procedures adopted by the EEOC. The Department will take no action on your charge until the EEOC issues its findings. **After the EEOC issues its findings**, if you want the Department to take any further action on your charge, you must send the Department a copy of the EEOC's findings within 30 days after service of the EEOC's findings on you. Please also send a one sentence written statement requesting that the Department investigate your charge and include the above Control Number. You may submit a copy of the EEOC's findings by either of the following methods:

By Mail: Send your EEOC findings and written statement via U.S. Postal certified mail, return receipt requested, to: Illinois Department of Human Rights, Attn: EEOC Referred Charges/Intake Unit, 100 W. Randolph St., Ste. 10-100, Chicago, IL 60601.

In Person: Bring an original and one copy of your EEOC findings and written statement to the Department. The Department will stamp and return the copies to you for your records.

If you received the EEOC's findings prior to receipt of this letter, you have 30 days from the date of this letter to send the Department a copy of the EEOC's findings. Upon receipt of the EEOC's findings, the Department will mail you a notice as to what further action the Department may take on your charge.

The 365-day time period for the Department to investigate your EEOC charge is tolled while the EEOC is investigating your charge and does not begin to run until the EEOC issues its findings. Your failure to timely provide the EEOC's findings to the Department will result only in the Department closing your file. **This process does not affect the investigation of your charge at EEOC.** If you do not wish to proceed with the Department, you do not need to take any further action.

This letter **does not apply** to any settlement of this charge the parties have made with the EEOC.

If you have any questions, please contact Thomas F. Roeser, Pre-Investigations Coordinator, at (312) 814-6295. Please do not contact the EEOC.

ILLINOIS DEPARTMENT OF HUMAN RIGHTS

PRE1-EEOC 30
Rev. 8/18

CC: Chicago Transit Authority (CTA)
567 W Lake Street
Chicago, IL 60661

Sedgwick Claims Management Services, Inc.
PO Box 14566
Lexington, KY 40512-4566



03/23/2018

Phone: (312) 759-2282 or 542-0020
Fax: (312) 542-0023

Carlos J. Mickens
10529 South Eberhart Avenue
Chicago, IL 60628

RE: Employer: Chicago Transit Authority
First Day Absent: 03/06/2018
Claim Number: B821009574-0001-01
Badge Number: 54081

Dear Mr. Mickens:

We have completed our review of your claim for Short Term Disability. The information we have received from your physician supports your absence from work from 03/06/2018 through 03/08/2018.

After reviewing your request and the documents submitted, you have met the Family Medical Leave Act (FMLA) requirements and have been approved from 03/06/2018 through 03/08/2018 for the care of your own serious health condition. Based on the information you have provided to date, 24.00 hour(s) will be counted against your leave entitlement. Please note that your FMLA leave cannot exceed twelve work weeks during any rolling twelve month period.

It is our understanding that you returned to work on 03/09/2018. If you become disabled again within 7 calendar days of your return to work date for the same or related condition please notify Sedgwick of your absence.

Please contact us regarding any changes that would affect your claim, especially a return to work date prior to the above date. If you have any questions regarding your claim, please feel free to contact me at (312) 759-2282.

Sincerely,
Robin Hamilton
Senior Disability Representative
Sedgwick Claims Management Services, Inc.

cc: 4102 - Track Maintenance
(via email)



3303

(1/21/16) CCG N003

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Carlos MICKENS

v.

TEBA STEELE

No. 20180071077

NOTICE OF MOTION

To:

MARCH 6 2018 at 10:30

On 1/25/18 at 2531 North 8th St - 4th fl - NREFL a.m./p.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge COCOTTA or any judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at 500 West 1st St, Illinois, and present ROOM 1506.

Atty. No.: _____ Pro se 99500 Telephone: _____

Name: Carlos MICKENS Primary Email: _____

Atty. for: _____ Secondary Email: _____

Address: 10524 W. EIGHTH AVE Tertiary Email: _____City/State/Zip Code: CHICAGO, ILL. 60628☐ PROOF OF SERVICE BY DELIVERY

I, _____, ☐ the attorney ☐ non-attorney certify that on the _____ day of _____, I served this notice by delivering a copy personally to each person to whom it is directed.

Dated: _____

Signature/Certification

☒ PROOF OF SERVICE BY MAIL

I, Carlos MICKENS, ☐ the attorney ☐ non-attorney certify that I served this notice by mailing a copy to TEBA STEELE at 2531 North 8th St - 4th fl - NREFL (address on envelope) and depositing the same in the U.S. Mail at Rodgers Park USPS (place of mailing) at 4 a.m./p.m. on the 20 day of February with proper postage prepaid.

Dated: 02-20-2018

Signature/Certification

☐ PROOF OF ELECTRONIC SERVICE (WHERE PERMISSIBLE)

I, _____, ☐ the attorney ☐ non-attorney certify that on the _____ day of _____, I served this notice electronically ☐ via the Clerk's Office E-filing system, or ☐ by telefax transmission (_____ pages) with consent of the recipient where permissible under Ill. Sup Ct. R.11, at fax no. _____, at _____ a.m./p.m., from _____ (Place)

☐ Via email (Sender's Email is _____ Recipient's email is: _____).

Dated: _____

Signature/Certification

NOTE: If more than one person is served by delivery or mail, additional proof of service may be made by attaching an additional sheet to this Notice of Motion.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

RECORD OF INTERVIEWUse ballpoint pen when filling out form. **DO NOT WRITE ON PAD.**Page 1 of 1☐ Commendation☐ Investigation☒ Corrective Action☒ Other (Specify) Excessive AbsenteeismEMPLOYEE'S NAME Carlos MickensID NO. 54081LOCATION West ShopsDATE 3/22/18TIME 7:38amEmployee interviewed in regards to: 2nd Entry - Requested Day Off - 03.12.18

Previous

04.10.17

Always turned in court
dates ahead of time, Doctor visits
after I have had doctor visit.

7 a,b,c and GR 24**ACTION TAKEN**☐ Instructed☐ Caution & Instruct☒ Written Warning☐ Final Written Warning☐ Advised of EAP☐ Suspended _____ Day(s)☐ Other (Specify) _____

Beginning Date _____

Employee to
Report Back
for Work _____Employee's Signature
Shows Receipt of Copy

Carlos A. Mickens
3/22/18

Action

Taken By

Jeanine V. Moore
3/22/18

Name and Title

Union

Representative

Harvey
3/22/18

Name and Title

DISTRIBUTION:

WHITE - Work Location File

CANARY - Employee

PINK - Union

GOLDENROD - Employee Records, Mart Room 742

Also

Present

[Signature]
3/22/18

Name and Title

page 1-of 2

05-29-2018

Notice of NON-Discharge

Carlos Mickers, Badge 54081

Classification: Truckman

Entered Service Date: May 20, 2013

Rule No. 7 (a, b, c) (a) I followed rules and sought medical help appropriately.
(b.) I faxed all medical documents threw doctors office as instructed.
(c.) My daughter would be taking to another State if my court date was missed on March 6, 2018 against her will to South Carolina informed by my attorney. All paper work towards court dates was always turned in immediately to forman prior to court and after.

Rule No. 14: Personal Conduct -

(e) Conduct great work ethics, respect subordinates and superior supervisors. No written warnings or verbal within last 14 months. Missed one day due to court for custody case.

page 2 of 2

05-29-2018

Notice of Discharge
Rebuttal.

(J) Never falsified any written or verbal
statement.

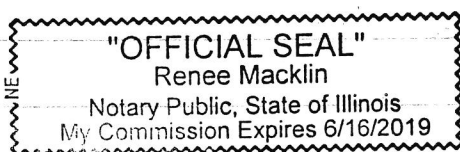
(W.) Always have been a grade A
top performer on the job.
Professional work ethics and held
integrity, morales, honor and respect
for safety and co-workers to
the highest point.

Attendance missed 2 days out of
one year 04-2017 thru 04-2018
Supporting Documents
attached

Thank you!

Carlos J MICKENS
(773) 584-7869

Carlos J MICKENS
[Signature]



Subscribed and sworn to before me

on 29 day of May 2018
at Chicago, County of Cook, State of Illinois.
[Signature]
Renee Macklin

Chief Attorney
CTA Attorney's
Kevin R. Gallardo
Labor & Employment Division
Chicago Transit Authority
567 W Lake St - 6th Floor
Chicago IL 60661
(312) 681-2929 office
(312) 681-2955 fax
K.Gallardo@transitchicago.com

Sedgwick P.O. Box Tel. (312) 759-2282
Fax (312) 542-0023

Claim no. B821009574-0001-01
Carlos Mickens badge no: 54081

Jeannette Messina CTA 3927 West Maypole
Chicago, IL 60624
Tel. (773) 722-4844
Fax (773) 722-5005

On 03-09-2018 I Carlos Mckens Submitted custody case documents to Jeaninne Messina in CTA human resources because my court dates were extended for a family emergency to obtain my daughter from being further abused and neglected by her mother.

I had an asthma attack the same morning of my court date and also during my court session for which I visit my doctor directly after court.

Human Resources (Jeaninne Messina) took all my documents out of context and called FMLA (Sedgwick) a stated to Joel from Sedgwick to reverse my approval to a disapproval of my FMLA because I attended court the same day I ~~should~~ should of been on bed rest.

Jeaninne Messina did not tell the truth at all in my Arbitration hearing. My work record and attendance of my five years at CTA is great. My discharge papers state that I was a bad employee but my work records reflects total opposite

1. Unemployment stated that I followed all rules.
2. EEOC found I violated no rules.
3. Department of Justice sent a right-to-sue letter.

On 06-24-2018 my job at CTA lost me as a track inspector all at the hands of bad judgement of Jeannene Messina. I followed all guidelines and regulations of company policy and FMA guidelines.

Carlos J. Mickens
(713) 584-7869

E-mail CarlosMickens4884@gmail.com
Carlos J. Mickens

Unanswered questions by Jeaneene Messina.

1. Why did she call FMLA after I gave her proof of custody court proceedings?
2. Why in due process investigation did she not call my legal representation to inquire of my family emergency about the safe and well being of my 7 year old daughter at the time?
3. Why wasn't my immediate supervisor called to inquire about my court proceedings being noted 3 weeks prior of my actual court date?
4. Where is the morales, values and compassion of a family orientated organization of employee whom which followed all rules and regulations for five years of service?
5. Why was there hurt done before help in a family emergency of a good employee?